



**ATR-I**  
SUBSTANCE ABUSE  
TREATMENT AVAILABLE  
*"There is MORE opportunity, MORE choice  
and MORE access to get help for substance abusers  
\*Opportunity- More providers and more services  
\*Choice- Clients choose their Treatment provider for  
increased success  
\*Access- More people served in more communities"*

## **Welcome again to the latest edition of Frequently Asked ATR Questions**

In keeping with BPA's commitment to keeping the provider community informed about recently occurring and recurring concerns, we have developed this forum to address these issues. Frequently Asked Questions (FAQ's) are arranged below in topical areas.

**Q:** I am a Adolescent Outpatient service provider, and I want to know if we can take our adolescence group on "Field Trips" and bill for the time. The two locations we are considering are the local morgue and the women's prison. I can see the value of the activity, but was wondering if it was allowable.

**A:** There are no problems with this in the IDAPA 16.06.03. My questions for the sake of the Provider:

- Who is transporting?
- Do they have insurance?
- If the provider is transporting, do they have a transportation policy that speaks to seat belts, 1<sup>st</sup> aid kit in vehicle, driver doesn't smoke or talk on cell phone, vehicle being licensed and safety inspected, etc.
- How are parents notified and permission granted?
- How is the provider linking the field trip with the Evidence Based curriculum so it really is of therapeutic value?
- Are the staff members conducting the trip Qualified Professional's?

**Q:** I was wondering if there is a federal law protecting me from disclosing that a client has revealed he/she has used a controlled substance when I got this information while performing the GPRA interview? This is in reference to the demands some of my referral sources are making on my staff.

**A:** I believe everyone is protected under the federal confidentiality laws (CFR 42, Part 2). In my experience there has never been an issue with this. Please remember: the GPRA is collected as a part of the clients entry into treatment services and is therefore part of the clinical record and would be covered by the federal confidentiality guidelines. We will be seeking guidance from CSAT for a more definitive ruling.

**Q: I have heard from some of our referral sources that they have had trouble getting potential clients screened as eligible for treatment. When trying to troubleshoot this with the referral source, we feel that maybe the client is not giving correct information (either inadvertent or intentionally). Is there any way I could provide more accurate client data?**

A: Anyone who would like to can call in collateral information on a client, however, we cannot confirm nor deny that we know of the client. The other way we can troubleshoot this is if the client has been denied services they can set up an appointment for the assessment as private pay. If at the time of the assessment the provider is able to gather additional information to justify at least outpatient treatment that was not gathered during the screening then they can submit the assessment to BPA with a request for treatment units and we can review it at that time for state funding. Our practice in Care Management is to error on the side of caution when we screen clients, meaning if the client calling in gives us any information that indicates they may need treatment then we go ahead and approve at least the assessment. There are instances where clients call us and have not used or drank for more than 1 year and have not been incarcerated at all during that time. If the client is reporting they are not currently experiencing any cravings or relapse triggers then they do get denied. However the majority of the people who are denied assessments are done so due to income.

**Q: I recently attended a BPA training in Boise and received the following impression that I wanted to verify if it was true: Treatment providers must send in their Master Problem List in with the Diagnostic Summary and Financial Disclosure, and that this is a change from BPA's standard operating procedure.**

A: We are sorry that we left that impression. Providers do not have to send in their Master Problem List. We have changed our training materials to make this clearer.

**Q: In looking through our personnel files I realize that we have added new staff since we signed our contract with BPA. How should I update BPA with this information?**

A: Please fill out the staff check off sheet and mail it to BPA, attn: Provider Network Management. This information will be maintained in your provider file.

**ATR so far...**

Through the end of ???, 2005, BPA has issued the following vouchers:

Number of Vouchers issued by Level of Care

Assessment  
Outpatient  
Intensive Outpatient  
Adult Halfway House  
Transitional Housing  
Adult Detox  
Residential  
Grand Count